



LICENSE NUMBER: _____

**ALABAMA BOARD OF NURSING
P. O. BOX 303900
MONTGOMERY, ALABAMA 36130-3900**

NAME _____

CASE NUMBER: _____

**NOTIFICATION OF RECEIPT OF ORDER
PROBATION/MONITORING PROGRAM**

I, the undersigned current/prospective employer of Participant named above, hereby acknowledge that I have been furnished a copy of the Board Order, have read the contents of the Board Order, and can abide by such terms.

Participant's Anticipated or Actual Date of Hire: / / Participant's Date of Return To Work: / /

Participant's Position: _____

Participant's Employment Monitor: _____ Phone: () -

Person Responsible for Participant's Reports: _____ Phone: () -

Participant's Direct Supervisor (if different): _____ Phone: () -

Name of Employing Agency: _____

Address: _____

City, State, Zip: _____ Phone: () -

Printed Name of Employer: _____ Title: _____

Employer's Signature: _____

Return the completed form to the attention of the Probation Monitor at the address printed above.

Supervisor/Monitor email address: _____